FORM RS-2

TRUCK FEE SCHEDULE FOR GEORGIA BASED CARRIERS

CALCULATION OF FEE AMOUNTS DUE EACH STATE

MOTOR CARRIER NAME: ICC-MC#

TRANSPORTING: • PROPERTY PRINCIPAL PLACE OF BUSINESS (STATE):

	PRINCIPAL PLACE OF BUSINESS (STATE):					
(A) PARTICIPATING STATES	(B) TOTAL NUMBER OF VEHICLES	(C) PER VEHICLE FEE	(D) FEE TIMES NO. OF VEHICLES (BXC)			
ALABAMA		\$6.00				
ARKANSAS		5.00				
CALIFORNIA		5.00				
COLORADO		5.00				
CONNECTICUT		10.00				
GEORGIA		5.00				
IDAHO		2.00				
ILLINOIS		7.00				
INDIANA		5.00				
IOWA		1.00				
KANSAS		10.00				
KENTUCKY		10.00				
LOUISIANA		10.00				
MAINE		8.00				
MASSACHUSETTS		10.00				
MICHIGAN		10.00				
MINNESOTA		5.45				
MISSISSIPPI		10.00				
MISSOURI		0.00				
MONTANA		5.00				
NEBRASKA		3.50				
NEW HAMPSHIRE		10.00				
NEW MEXICO		10.00				
NEW YORK		10.00				
NORTH CAROLINA		1.00				
NORTH DAKOTA		10.00				
OHIO		5.00				
OKLAHOMA		7.00				
RHODE ISLAND		8.00				
SOUTH CAROLINA		5.00				
SOUTH DAKOTA		5.00				
TENNESSEE		8.00				
TEXAS		5.00				
UTAH		6.00				
VIRGINIA		10.00				
WASHINGTON		10.00				
WEST VIRGINIA		3.00				
WISCONSIN		5.00				
TOTAL OF ALL STAT	TE FEES	\$				

Receipt ordered is for: () Current year () Next year

Form will be returned if not checked

NOTE: Fees must be paid for **each vehicle** for each state of travel. If you have questions about how to complete this form, please all (404) 363-7149

Return completed form to:
Department of Motor
Vehicle Safety
Commercial Vehicle Section
Post Office Box 161227
Atlanta, GA 30321
Phone: (404) 363-7149

Fees must be submitted with Form. Make fees payable to: Department of Motor Vehicle Safety

PERSONAL CHECKS OR
COMPANY CHECKS ARE NOT
ACCEPTED
ONLY CASHIER'S CHECKS,
CERTIFIED CHECKS OR
MONEY ORDERS WILL BE
ACCEPTED. No cash will be
accepted by mail.

You may also pay with: Visa, MasterCard, or American Express There is a \$9.00 bank fee for each \$500.00 charged. FAX# (404) 363-7587

Signed	 	
Title		_
Phone #	 	
Fax #		